Fill in this	s information to identify your case:				directed in this form and	d in Form
Debtor 1	MIA MICHELLE KAY WALLACE		122A-1St	upp.		
Debtor 2 (Spouse, if			■ 1. T	here is no pres	sumption of abuse	
United States Bankruptcy Court for the: District of Nevada			☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i>			
Case nu	mber 20-11434			,	ficial Form 122A-2).	
(if known)					does not apply now be y service but it could ap	
			☐ Ch	eck if this is a	n amended filing	
Officia	al Form 122A - 1					
Chap	ter 7 Statement of Your Cu	rrent Monthly I	ncom	е		12/19
attach a s case num qualifying Part 1:	plete and accurate as possible. If two married people eparate sheet to this form. Include the line number to per (if known). If you believe that you are exempted fr military service, complete and file Statement of Exem	which the additional informat om a presumption of abuse b aption from Presumption of Al	tion applies ecause you	On the top of a do not have pri	ny additional pages, wri marily consumer debts o	te your name and or because of
	at is your marital and filing status? Check one of	only.				
.	Not married. Fill out Column A, lines 2-11.					
	Married and your spouse is filing with you. Fill o	out both Columns A and B, I	ines 2-11.			
	Married and your spouse is NOT filing with you	. You and your spouse are	e:			
	ີ່ Living in the same household and are not leເ	jally separated. Fill out both	h Columns	A and B, lines	2-11.	
[Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evac	legally separated under nor	nbankruptc	y law that appli	es or that you and you	
101(10 the 6 n	the average monthly income that you received from a A). For example, if you are filing on September 15, the 6-tonths, add the income for all 6 months and divide the tot so own the same rental property, put the income from that	month period would be March 1 al by 6. Fill in the result. Do not	through Aug include any i	gust 31. If the ame	ount of your monthly incornore than once. For examp	ne varied during ble, if both
			Colur Debte		Column B Debtor 2 or non-filing spouse	
	or gross wages, salary, tips, bonuses, overtime roll deductions).	, and commissions (before	e all \$	2,683.00	\$	
	nony and maintenance payments. Do not includ umn B is filled in.	e payments from a spouse i	if \$	0.00	\$	
of y from and	amounts from any source which are regularly prou or your dependents, including child support an unmarried partner, members of your househor roommates. Include regular contributions from a strict in. Do not include payments you listed on line 3.	rt. Include regular contribution of the state of the stat	ons ts,	0.00	\$	
5. Net	income from operating a business, profession					
_		Debtor 1				
	ss receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>				
	inary and necessary operating expenses		ro -> ¢	0.00	\$	
	monthly income from a business, profession, or fa	irm \$Copy liei		0.00	Ψ	
6. Net	income from rental and other real property	Debtor 1				
Gra	ss receipts (before all deductions)	\$ 0.00				
	inary and necessary operating expenses	-\$ 0.00				
	monthly income from rental or other real property	\$ 0.00 Copy her	re -> \$	0.00	\$	
	prost dividends and revalties	Ψ	\$	0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

MIA MICHELLE KAY WALLACE 20-11434 Debtor 1 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,683.00 2.683.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 2.683.00 Multiply by 12 (the number of months in a year) **x** 12 32.196.00 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. NV 1 Fill in the number of people in your household. 51,516.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ MIA MICHELLE KAY WALLACE **MIA MICHELLE KAY WALLACE** Signature of Debtor 1

Official Form 122A-1

Date March 24, 2020

Case 20-11434-abl Doc 11 Entered 03/24/20 09:42:01 Page 3 of 4

Debtor 1 MIA MICHELLE KAY WALLACE Case number (if known) 20-11434

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 MIA MICHELLE KAY WALLACE

Case number (if known)

20-11434

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2019 to 02/29/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Amazon Start 10/2019

Income by Month:

6 Months Ago:	09/2019	\$0.00
5 Months Ago:	10/2019	\$1,555.00
4 Months Ago:	11/2019	\$2,892.00
3 Months Ago:	12/2019	\$3,800.00
2 Months Ago:	01/2020	\$2,674.00
Last Month:	02/2020	\$1,310.00
	Average per month:	\$2,038.50

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Ross/DD's Discount Ended 2/2020

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$15,574.00 from check dated 8/31/2019 .

Ending Year-to-Date Income: \$18,723.00 from check dated 12/31/2019 .

This Year:

Current Year-to-Date Income: \$718.00 from check dated 2/29/2020.

Income for six-month period (Current+(Ending-Starting)): **\$3,867.00**.

Average Monthly Income: **\$644.50**.